

**COMMONWEALTH OF KENTUCKY**

**Instructions for Obtaining a Kentucky State ABC License**

**REQUIREMENTS:**

- a. You must be at least 21 years of age to apply.
- b. You must be a Ky. Resident for the past year unless you apply as a corporation, LLC or Ltd. Partnership.
- c. You must be a citizen of the US unless you apply as a corporation, LLC or Ltd. Partnership ownership.
- d. Individuals, partners, officers, directors or managers may not apply if, within the past 5 years, they have been convicted of any felony; or within the past 2 years have been convicted of any alcohol or controlled substance misdemeanor.

- STEP 1. You must advertise your intention to apply for an ABC license(s) one time in a newspaper of general circulation in the area where the premises to be licensed is located. An officer of the newspaper must complete the affidavit of publication, which is enclosed. The completed affidavit and clipping must be attached to your application.
- STEP 2. Answer all questions and have the form notarized. Incomplete or deficient applications delay processing and your application may be returned.
- STEP 3. Attach a **certified check, cashier check, or money order payable to: Kentucky State Treasurer** for your application fee(s). See the attachment to determine the appropriate amount due based on license type and premises location.
- STEP 4. Kentucky residents must submit the appropriate fee **payable to: Kentucky State Treasurer** for the Administrative Office of the Courts to obtain a statewide Kentucky police record check. The cost is \$10.00 per person and a record check must be conducted on all persons listed in the Basic Application under Section D-5. You may submit one (1) check for all backgrounds provided this check is separate from your check for licensing fees. Non-residents are responsible for providing a **statewide** police record check from their state(s) of residence for the past five (5) years. If you have not lived in Kentucky for five (5) years, you must submit a statewide police record check from the state(s) previously resided in for those years along with your fee for Kentucky background checks.
- STEP 5. If you apply as a corporation, limited partnership, or limited liability company, attach a copy of your articles of incorporation; partnership papers, or organizational papers from the Secretary of State. Your company must be approved to do business in the state of Kentucky and in good standing with the Kentucky Secretary of State's Office.
- STEP 6. If you do not own the real estate where you will sell alcohol, attach a signed copy of your lease. All lease agreements must run through the full period of your license.
- STEP 7. Contact the Kentucky Revenue Cabinet at (502) 564-3306 to obtain the proper Kentucky sales tax numbers for your business. Your license will not be issued without these numbers.
- STEP 8. Attach any other required affidavits such as: fire marshal certificate of seating capacity for restaurants; surety bonds for manufacturers and wholesalers, etc... Your Schedule(s) will list any attachments you need to make.
- STEP 9. Take your application(s) to your local ABC administrator and obtain their signature of approval on your state applications(s).

New licenses take approximately 30 – 60 days to process. If your license is not issued for any reason, you must submit a written request for a refund. The Department will retain \$50 of your application fee for processing costs.

**If you have any questions or need assistance, please contact our department or visit our web site.**

<http://abc.ppr.ky.gov>

**FRANKFORT:** Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, KY 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax

**NOTE:** You are required to obtain a Federal Special "Occupational Tax" License from the Alcohol and Tobacco Tax and Trade Bureau (**TTB**) for \$250 per year. You must contact their office to obtain an application form and information about your federal permit:

Alcohol and Tobacco Tax and Trade Bureau, Telephone Number (513) 684-3334  
National Revenue Center  
550 Main St., Cincinnati, Ohio 45202-3263

<i>All other applicants use this table</i>		
<b>COUNTY WHERE PREMISES ARE LOCATED</b>	<b>PAY FULL YEAR FEE For licenses issued between</b>	<b>PAY HALF YEAR FEE For licenses issued between</b>
Anderson	July – December	January – June
Boone	October – March	April – September
Bourbon	July – December	January – June
Boyd	July – December	January – June
Boyle	June – November	December – May
Bracken	July – December	January – June
Bullitt	February – July	August – January
Calloway	April – September	October – March
Campbell	November – April	May – October
Carroll	July – December	January – June
Christian	April – September	October – March
Clark	May – October	November – April
Daviess	February – July	August – January
Floyd	June – November	December – May
Franklin	July – December	January – June
Fulton	April – September	October – March
Gallatin	July – December	January – June
Grant	December – May	June – November
Graves	April – September	October – March
Hardin	February – July	August – January
Harlan	June – November	December – May
Harrison	June – November	December – May
Henderson	March – August	September – February
Henry	July – December	January – June
Hopkins	May – October	November – April
Jessamine	May – October	November – April
Kenton	December – May	June – November
Knox	June – November	December – May
Letcher	June – November	December – May
Lewis	July – December	January – June
Logan	May – October	November – April
Lyon	April – September	October – March
Madison	June – November	December – May
Magoffin	June – November	December – May
Marion	May – October	November – April
Mason	July – December	January – June
McCracken	April – September	October – March
Meade	February – July	August – January
Mercer	May – October	November – April
Montgomery	June – November	December – May
Muhlenberg	May – October	November – April
Nelson	May – October	November – April
Nicholas	July – December	January – June
Oldham	July – December	January – June
Pendleton	July – December	January – June
Perry	June – November	December – May
Pike	July – December	January – June
Pulaski	June – November	December – May
Rowan	July – December	January – June
Scott	July – December	January – June
Shelby	July – December	January – June
Todd	May – October	November – April
Union	March – August	September – February
Warren	May – October	November – April
Washington	May – October	November – April
Whitley	June – November	December – May
Wolfe	July – December	January – June
Woodford	July – December	January – June

**Fayette County (Lexington Ky.) Applicants use this table**

<b>Fayette County Zip Code of Premises</b>	<b><u>PAY FULL YEAR FEE</u> For licenses issued between</b>	<b><u>PAY HALF YEAR FEE</u> For licenses issued between</b>
40501 to 40505	October – March	April – September
40506 to 40509	November – April	May – October
40510 to 41906	December – May	June - November

**Jefferson County (Louisville, Ky.) Applicants use this table**

<b>Jefferson County Zip code of Premises</b>	<b><u>PAY FULL YEAR FEE</u> For licenses issued between</b>	<b><u>PAY HALF YEAR FEE</u> For licenses issued between</b>
40023	February – July	August – January
40025 to 40027	March – August	September – February
40041	June – November	December – May
40059	March – August	September – February
40118	April – September	October – March
40177	April – September	October – March
40201 to 40202	December – May	June – November
40203 to 40204	November – April	May – October
40205	February – July	August – January
40206	October – March	April – September
40207	June – November	December - May
40208 to 40209	June – November	December – May
40210 to 40212	April – September	October – March
40213 to 40216	March – August	September – February
40217 to 40218	February – July	August – January
40219	March – August	September – February
40220 to 40242	February – July	August – January
40243 to 40251	March – August	September – February
40252	March – August	September – February
40253 to 40256	March – August	September – February
40257	June – November	December - May
40258	October – March	April – September
40259	March – August	September – February
40261 to 40266	December – May	June –November
40268	October – March	April – September
40269	March – August	September – February
40270 to 40289	October – March	April – September
40290 to 40291	November – April	May – October
40292	June – November	December – May
40293 to 40298	November – April	May – October
40299	March – August	September – February

**EXAMPLE OF PUBLIC NOTICE  
WHEN APPLYING FOR AN ABC LICENSE**

**KRS 243.360** requires a person to first advertise their intention to apply for these licenses in the newspaper. Please use the following to assist you with this requirement. Place your advertisement in the legal section of the newspaper having the largest circulation for the county or city where your premises will be located.

**YOUR ADVERTISEMENT SHOULD READ AS FOLLOWS:**  
*(Fill in the blanks)*

\_\_\_\_\_, Mailing address

*(List the Name of each individual owner(s) or the name of the Corporation, Ltd, or L.L.C. the license will be issued under)*

\_\_\_\_\_ Hereby declares intention(s)

*(Include Street, City, State and Zip)*

to apply for a \_\_\_\_\_ license(s)

*(List **all license types** you are applying for. (Example) Retail Liquor by the Drink, Retail Beer, Restaurant Liquor by the Drink, Retail Liquor Package, Restaurant Wine by the Drink and so on...)*

no later than \_\_\_\_\_, The business to be licensed will be

*(Enter the date you intend to make application to the State ABC)*

located at \_\_\_\_\_ Kentucky \_\_\_\_\_.

*(List the **EXACT** street address and city where the ABC license is to be issued)*

*(Zip)*

doing business as \_\_\_\_\_

*(List the name of your business (D.B.A.))*

**The (owner(s); Principal Officers and Directors; Limited Partners; or Members) are as follows:**

_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>
_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>
_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>
_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>
_____	_____	of _____
<i>Title or position</i>	<i>Name</i>	<i>Home address, city, state and zip code</i>

**Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Department of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Ky. 40601-8400, within 30 days of the date of this legal publication. (End of advertisement)**

**Forward a clipping of this advertisement along with the Affidavit of Publication to:**

*Kentucky Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
(502) 564-4850 phone  
(502) 564-1442 fax*

Commonwealth of Kentucky  
Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

(502) 564-4850 phone  
(502) 564-1442 fax

GLUE OR  
TAPE  
CLIPPING  
HERE

**AFFIDAVIT OF PUBLICATION**

**Attesting Publication of Intention to Engage in an  
Alcoholic Beverage Business**

The following Affidavit of Publication is to be executed by an officer of the newspaper in which the application advertised, one time before date of application for an alcoholic beverage license, his/her intention to engage in the business authorized by the license applied for. A clipping of the advertisement must be attached to this Affidavit of Publication.

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Officer at Newspaper) (City) (State)

Being first duly sworn, says that he / she is \_\_\_\_\_  
(Title of Position at Paper)

of the \_\_\_\_\_ a newspaper printed and published in the  
(Name of Newspaper)

State of \_\_\_\_\_ County of \_\_\_\_\_, and having a general circulation in the County of

\_\_\_\_\_, Kentucky, and that the attached advertisement is a true copy and has been

Published in said newspaper on the following date(s): \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public within and for the State and County aforesaid, by

\_\_\_\_\_ to me personally known, this \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

My Commission expires the \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

County of \_\_\_\_\_ Notary Public \_\_\_\_\_

**THIS AFFIDAVIT PROPERLY EXECUTED MUST BE ATTACHED TO THE ABC APPLICATION  
FOR LICENSING.**

# **LEASE AGREEMENT**

I, (We) \_\_\_\_\_,  
hereby agree to lease to \_\_\_\_\_,  
the premises located at \_\_\_\_\_,  
\_\_\_\_\_  
in \_\_\_\_\_ County, Kentucky.

The said lease shall be for a term of \_\_\_\_\_,  
beginning \_\_\_\_\_ and ending \_\_\_\_\_.  
The rent shall be payable at a rate of \_\_\_\_\_.

I understand and agree upon, that the premises herein named shall be used  
for lawful purposes only.

Lessor X \_\_\_\_\_

Lessor X \_\_\_\_\_

Lessee X \_\_\_\_\_

Lessee X \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public, on this the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_, by the above Lessor and Lessee.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_.

COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
502.564.4850 phone  
502.564.1442 fax

Site I.D. #

**"BASIC APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES"**

*Applications may be returned if all questions are not answered completely.*

*Leave Blank – For ABC Use Only*

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

License # \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_ License# \_\_\_\_\_ \$ \_\_\_\_\_ Val. \_\_\_\_\_

Malt Beverage Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

Distilled Spirits Administrator's Approval \_\_\_\_\_ Date \_\_\_\_\_

**(A)**

Applicant's name(s) or company to be licensed \_\_\_\_\_

DBA (Name of Business) \_\_\_\_\_

Address of premises to be licensed \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ 9 digit zip code \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Contact person 8:00 am – 4:30 pm \_\_\_\_\_ e-mail address \_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_ Premises phone \_\_\_\_\_

List all schedules you have attached \_\_\_\_\_ Enter amount of fee enclosed \$ \_\_\_\_\_

**(B) 1.**

Provide the tax numbers (must be issued in the applicant's name). Failure to provide the number or discrepancies in the name will prevent this application from being processed.

Ky. Sales & Use Tax # \_\_\_\_\_

Ky. Withholding Tax # \_\_\_\_\_

Ky. Corporate Tax # \_\_\_\_\_

Federal EIN # \_\_\_\_\_

**(C)**

2. List all types of licenses you are applying for \_\_\_\_\_

3. What Month do you want your license(s) to become effective? \_\_\_\_\_

4. Are you the owner of the real estate where these premises are to be licensed? ..... ☐ Yes ☐ No

If no, you **must attach** a signed copy of your lease. ABC **will not** issue or renew any license(s) unless this lease extends through the full period of your license expiration date.

List the name of the owner of the premises real estate \_\_\_\_\_ Give date lease expires \_\_\_\_\_

**(D) 5.**

Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

***If additional space is needed, please make an attachment.***

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes  <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes  <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes  <input type="checkbox"/> No			%

***Please state in section D5 if this is a publicly held company.***

**(E)**

6. Is the applicant a corporation, limited partnership, or limited liability company, in good standing with the Ky. Secretary of State? ☐ Yes ☐ No  
List the State Incorporated or organized in \_\_\_\_\_  
Attach a copy of your Articles of Incorporation, which shows the filing date with the Kentucky Secretary of State's Office.
7. Is the entire license fee paid by the applicant and by no other person? ☐ Yes ☐ No
8. Are the premises to be licensed located within an incorporated city or town? ☐ Yes ☐ No  
If yes, list the name of the city or town \_\_\_\_\_
9. Have you ever been licensed to sell alcoholic beverages? ☐ Yes ☐ No  
If yes, give the name of the state and license number(s) \_\_\_\_\_  
If Kentucky, are you transferring this license to a new location? ☐ Yes ☐ No
10. Does anyone named in section D 5 of this application have any interest in any kind of alcoholic beverage business or the premises of any alcoholic beverage business other than that for which you are herein applying? ☐ Yes ☐ No  
If yes, describe the interest(s) \_\_\_\_\_
11. a. Has the applicant or any person named in section D 5 been convicted of any felony? ☐ Yes ☐ No  
b. Has the applicant or any person named in section D 5 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance? ☐ Yes ☐ No  
If yes to either question, attach a statement giving a full explanation, including date(s) of conviction(s).
12. Has a license been suspended or revoked or denied for the premises or any person named herein? ☐ Yes ☐ No  
If yes, attach a statement giving a full explanation, including dates of suspension, revocation, or denial.
13. Are the premises to be licensed and the entrance located on the street level? ☐ Yes ☐ No  
If no, is the business a hotel, club or restaurant? ☐ Yes ☐ No
14. a. Have the premises been licensed to sell alcoholic beverages in the past twelve months? ☐ Yes ☐ No  
b. Are the premises currently licensed? ☐ Yes ☐ No  
c. If yes, give the Kentucky License number (s) \_\_\_\_\_  
d. Is the license being transferred to you? ☐ Yes ☐ No
15. Are you acquiring an interest in an existing business? ☐ Yes ☐ No  
If yes, check all the following boxes that apply to you. ☐ Inventory ☐ Fixtures and Equipment  
☐ Ownership by purchase of shares ☐ Ownership by purchase of assets ☐ Leases ☐ Other \_\_\_\_\_

**(F)** **THE SELLER SHOULD COMPLETE THIS SECTION IF ITEM # 15 HAS BEEN ANSWERED "YES" OR IF SOMEONE IS TRANSFERRING THEIR LICENSE (S) TO YOU.**

I (we), \_\_\_\_\_ the seller(s) or owner(s) of the business known  
(Enter the **exact name(s)** that appears on the current license(s))

as \_\_\_\_\_ located at \_\_\_\_\_ Kentucky, am the  
holder of a ☐ Malt Beverage (beer) ☐ Liquor by Drink ☐ Liquor by Package ☐ \_\_\_\_\_ (other) license(s). The license  
number(s) is (are) \_\_\_\_\_. I hereby represent that I have agreed to convey all license privileges (permitted  
by law) to \_\_\_\_\_. I (we) understand that I (we) **may not** relinquish control of the business,  
(Enter the **exact name(s)** that is applying to become the new licensee)  
premises, or my interest in the licenses until such time as the buyer's application has been approved by the Department of Alcoholic Beverage Control.

**Signature of Seller** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(If a partnership, all partners **must sign**. If a corporation, only one officer **must sign**)

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)

**(G)** **AFFIDAVIT OF BUYER OR NEW PERSON APPLYING FOR THE ABC LICENSE (S)**

I, \_\_\_\_\_ (☐ Buyer or ☐ New Applicant), do hereby swear or affirm that all statements contained in this application and all its attachments are true and correct to the best of my knowledge, information and belief. I further agree that I shall not engage in any activity involving alcoholic beverages at the premises described herein until I have been issued the appropriate license(s) by the Department of Alcoholic Beverage Control. Once the license(s) is issued, I hereby swear or affirm that I will abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use, and trafficking in alcoholic beverages.

**Signature of Buyer or New Applicant** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_. My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_  
(Canadian applicants are exempt from this notary requirement)



**SCHEDULE "S"**  
**STORAGE AND WAREHOUSE LICENSES**

Site ID # \_\_\_\_\_

LEAVE BLANK – FOR ABC USE ONLY

License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_ License # \_\_\_\_\_ \$ \_\_\_\_\_ Validating # \_\_\_\_\_

Distilled Spirits Administrator's Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

Malt Beverage Administrator's Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

**Applicant's name(s) or company to be licensed** \_\_\_\_\_

**D.B.A. (Name of Business)** \_\_\_\_\_

**Address of premises to be licensed** \_\_\_\_\_

1. Are you applying for a **Liquor and Wine Storage or Warehouse License**?..... ☐ Yes ☐ No  
If yes, list the purpose you have for this license. \_\_\_\_\_  
KRS 243.350 and 804 KAR 4:040 require a separate application & license for each storage location.
2. Are you applying for a **Bonded Warehouse License** to store distilled spirits?..... ☐ Yes ☐ No  
If yes, under 804 KAR 4:200 are you a distiller who has suspended manufacturing, but continues to store  
distilled spirits?..... ☐ Yes ☐ No
3. Are you applying for a **Special Off-Premises Retail Beer Storage License**? ..... ☐ Yes ☐ No  
If yes, 804 KAR 4:130 requires you to be a holder of a Kentucky retail beer license. List your Kentucky State Retail  
Beer License Number \_\_\_\_\_ and the location of your retail licensed  
Premises. \_\_\_\_\_.
4. Are you applying for a **Beer Distributor Storage License**? ..... ☐ Yes ☐ No  
If yes, 804 KAR 4:140 requires you to be a holder of a Kentucky Beer Distributor's License. List your Kentucky  
State License Number. \_\_\_\_\_ and the location of your distributor's premises.  
\_\_\_\_\_.
5. Are you applying for a **Malt Beverage Warehouse License**? ..... ☐ Yes ☐ No  
If yes, do you hold a Kentucky Brewer's License or a Kentucky Out-Of-State Brewer's License?..... ☐ Yes ☐ No  
If yes, list your Kentucky State ABC License Number. \_\_\_\_\_.  
And the location of your brewery premises. \_\_\_\_\_.

I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Department has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use of and trafficking in alcoholic beverages.

**Signature of Applicant** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**OBTAIN LOCAL ABC ADMINISTRATOR'S SIGNATURE OF APPROVAL**

Your Local ABC Administrator must approve this application before it is forwarded to the State ABC. Take or mail this application and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Department in Frankfort, Kentucky.

**This certifies that the applicant(s) herein above named have been approved for the types of licenses applied for and for the premises above specified.**

**SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

☐ **City of** \_\_\_\_\_ **Administrator or the** ☐ **County of** \_\_\_\_\_ **Administrator**

You may now forward this application, all attachments, and your state license fee to:

Commonwealth of Kentucky  
Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
Telephone (502) 564-4850  
Fax (502) 564-1442

# TYPES OF LICENSES & FEES

Site ID #

To determine the ABC license fee, find the license type(s) in the left column, and then move right across the table to the month that the license will become effective.

**Attach a certified check, cashier check, or a money order for your license fees.**

**Make payable to: KENTUCKY STATE TREASURER**

<u><b>LICENSE TYPE</b></u>	<b>PREFIX</b>	<b>✓</b>	<b>FULL YEAR FEE Pay this amount</b>	<b>HALF YEAR FEE Pay this amount</b>
<input type="checkbox"/> SPECIAL OFF PREMISES RETAIL BEER STORAGE	BS	<input type="checkbox"/>	100.00	50.00
<input type="checkbox"/> BEER DISTRIBUTOR STORAGE	DS	<input type="checkbox"/>	250.00	125.00
<input type="checkbox"/> MALT BEVERAGE WAREHOUSE <i>(for brewers)</i>	MBS	<input type="checkbox"/>	1,000.00	500.00
<input type="checkbox"/> STORAGE WAREHOUSE OR BOTTLING HOUSE STORAGE <i>(liquor and wine)</i>	SW	<input type="checkbox"/>	500.00	250.00
<input type="checkbox"/> BONDED WAREHOUSE <i>(for distillers who have suspended manufacturing, but continue to store distilled spirits and wine.)</i>	BW	<input type="checkbox"/>	1,000.00	500.00
<b>TOTALS</b>				

KRS 243.360 requires an applicant to first advertise their intention to apply for these licenses in the newspaper. Please use the attached example to assist you with this requirement. *(If you are currently licensed and only adding a supplemental liquor bar or Sunday license to your premises you are not required to run this new advertisement.)*

Place your advertisement in the legal section of the newspaper having the *largest circulation* for the county or city where your premises will be located.

After your advertisement has appeared in the paper, obtain a clipping from the paper and attach the Affidavit of Publication to your ABC application. The Affidavit of Publication is enclosed and should be completed by an official of the newspaper where the advertisement appeared.

## CHECK LIST

- Have you answered each question fully and checked the types of licenses you are applying for? ☐ Yes ☐ No
- Have you attached a certified check, cashier check or money order, payable to:  
Kentucky State Treasurer for your license fees and a separate check for your Kentucky background checks? ☐ Yes ☐ No
- Have you attached a certified copy of your newspaper advertisement for this License(s)? ☐ Yes ☐ No
- Have you attached articles of incorporation, partnership papers, or other Organizational papers? ☐ Yes ☐ No
- Have you attached a signed copy of your lease that does not expire before your license? ☐ Yes ☐ No
- Have you secured the signature of approval from your local ABC Administrator on this application? ☐ Yes ☐ No